



Building Division
Application for Unreasonable Hardship for Disabled Access
Compliance

Required for any renovation, structural repair, alterations and additions to existing buildings, including those identified as historic buildings.

(For Existing Buildings Where Cost of Construction Does not Exceed \$136,060.00.)
2010 California Building Code section 1134B.2.1 with Exceptions

Project Address: _____ Permit No. _____

Project Description: _____ Construction Cost: \$ _____

It is requested that the above project be granted an exemption from the requirements of the State of California Title 24 Accessibility Regulations, as specifically listed below. Specific accessibility features that create a hardship may be exempted. **(The area of alteration shall comply)**

| Access Features (in order of priority) | Complies to current requirements | | Cost to comply with current code requirements | Proposed accessible items to be brought into compliance (in order of priority) |
|---|----------------------------------|----|---|--|
| 1. An accessible entrance | Yes | No | \$ _____ | _____ |
| 2. An accessible route to the altered area, including parking | Yes | No | \$ _____ | _____ |
| 3. At least one accessible restroom for each gender | Yes | No | \$ _____ | _____ |
| 4. Accessible telephones | Yes | No | \$ _____ | _____ |
| 5. Accessible drinking fountains | Yes | No | \$ _____ | _____ |
| 6. When possible, additional accessible elements such as storage and alarms | Yes | No | \$ _____ | _____ |
| A. Total cost of access features | | | \$ _____ | _____ |
| B. Cost of proposed construction | | | \$ _____ | _____ |
| C. Hardship upgrades within last 3 years | | | \$ _____ | _____ |
| D. 20% of amount on line B | | | \$ _____ | _____ |
| E. Line D amount – Line C amount = | | | \$ _____ | _____ |

****ALL ITEMS LISTED ABOVE MUST BE INCORPORATED INTO SUBMITTED PLANS AND DETAILED APPROPRIATELY**

Applicant Information:

I certify that the above noted information is true and correct.

Name (Print): _____ Signature: _____

Firm Address: _____ Position: _____

FOR DEPARTMENT USE ONLY

Approved by: _____ Title: _____ Date: _____

Denied by: _____ Title: _____ Date: _____

This document shall be part of the Building plans and shall be entered in the job file of the enforcing agency
 City of Chico Building Inspection Division 411 Main Street/P.O. Box 3420 Chico, Ca 95927 (530) 879-6700